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March 17, 2021

Gene Ma, M.D., FACEP Chief Medical Officer Tri-City Medical Center 4002 Vista Way Oceanside, CA 92056

RE: CLERB Case #20-096 / Armendo, Mark

Request to add fentanyl and its metabolites to Tri-City Medical Center's urine toxicology screen

Dear Dr. Ma.

My name is Paul Parker, and I am the Executive Officer of the Citizens' Law Enforcement Review Board (CLERB). CLERB conducts independent and impartial investigations into complaints of misconduct against sworn members of the San Diego Sheriff's Department (SDSD). We also investigate deaths occurring in custody or arising out of, or related to, actions of those sworn members.

On June 29, 2020, Mark Armendo experienced a medical emergency while incarcerated at the Vista Detention Facility. He was transported to Tri-City Medical Center (TCMC) in critical condition, underwent a urine toxicology screen, which was negative (but did not screen for fentanyl), and admitted into the Intensive Care Unit, where he was treated for apparent non-drug-related diagnoses. On July 4, 2020, he was transferred to UCSD Medical Center, where he subsequently died on August 21, 2020. Based solely upon medical records due to the length of time between admission to TCMC and Mr. Armendo's death, the San Diego County Medical Examiner's Office (SDCMEO) certified his cause of death as pulmonary embolism due to methicillin resistant staphylococcus aureus (MRSA) due to seizures and the manner of death as natural.

During CLERB's investigation into Mr. Armendo's death, it was discovered that SDSD investigative personnel had obtained a search warrant for and collected Mr. Armendo's blood taken upon his admission to TCMC. The SDSD Crime Laboratory results confirmed the presence of fentanyl (0.8 ng/mL) and norfentanyl (0.3 ng/mL). As the SDCMEO was unaware of these results, CLERB forwarded this information to the County's Chief Medical Examiner for reconsideration and possible amendment of cause and manner of death.

As you know, fentanyl use has spiked in San Diego County, but TCMC's urine toxicology screen does not screen for fentanyl or its metabolites. CLERB requests reconsideration of this practice and recommends the inclusion of fentanyl and its metabolites in future urine toxicology screens. CLERB understands that urine toxicology screens are not quantitative, however, the identification of possible fentanyl in a patient's system shortly after admission may subsequently lead to more accurate diagnoses and the provision of the most appropriate treatment. In addition, it may result in more accurate data so that the true picture of community and detention facility fentanyl use can be realized.

Sincerely,

Paul R. Parker III Executive Officer